



IFW

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

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on 01.27.05

Gloria Simmons  
Gloria Simmons

In Re Application of:

Kohl et al.

Serial No.: 10/699,330

Filed: October 31, 2003

Confirmation No.: 2552

Group Art Unit: 1752

Examiner: LE, Hoa Van

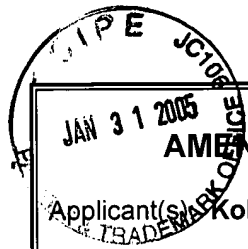
Docket No.: 062020-1540

For: **Sacrificial Compositions, Methods of Use Thereof, and Methods of Decomposition Thereof**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal Sheet (1 Page)
- First Response (With Amendments)
- Exhibit A
- Petition for a 1 month Extension of Time (EOT) (1 Page)
- Credit Card Authorization Form in the amount of \$60.00 for filing fee(s)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s) **Kohl et al.**

Docket No.

**062020-1540**Serial No.  
**10/699,330**Filing Date  
**October 31, 2003**Examiner  
**LE, Hoa Van**Confirmation No.  
**2552**Group Art Unit  
**1752**Invention: **Sacrificial Compositions, Methods of Use Thereof, and Methods of Decomposition Thereof****Commissioner for Patents  
Mail Stop  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is First Response (With Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	31 =	0	X \$25.00	\$ 0.00
INDEP. CLAIMS	1 -	4 =	0	X \$100.00	\$ 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$ 0.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$60.00
Other Fees:					\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$60.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$60.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

**Cynthia J. Lee, Reg. No. 46,033****01/27/05**  
Date